

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		COVERNMENT ACCOUNTABILITY BOARD				
Is This Report an Amendment:	X No	1400011	MOILTLY BOARD			
Instructions for completing schedules are on the back of each schedule.						
COMMITTEE IDENTIFICATION						
Name of Committee Schellinger FOR Assembly		OF	FICE USE ONLY			
Street Address 240 Landre LANE						
City. State and Zip Code Brook Held, Wi 53005		GAB ID Number: 0103 953				
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.						
REPORT PERIOD						
☐ January Continuing Pre-Primary  ☐ July Continuing Pre-Election	Spring Fall	Special	Termination Report			
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period		Column B Calendar Year-To-Date			
1. RECEIPTS		24				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0/4	000			
1B. Contributions from Committees (Transfers-In)	s 250.°	\$	1 250 00			
1C. Other Income and Commercial Loans	s <i>O</i>	\$	O			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s 250°	\$ 20				
2. DISBURSEMENTS						
2A. Gross Expenditures	s 2953.51	\$	1874,04			
2B. Contributions to Committees (Transfers-Out)	\$	\$				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2953.51	\$ 7	A 24. 06			
CASH SUMMARY						
Cash Balance Beginning of Report	\$ 15,079,45					
Total Receipts	\$ 209 45					
Subtotal	3 / U, 3 W / I					
Total Disbursements	\$ 2953.51					
CASH BALANCE END OF REPORT	s 12,375, 94					
INCURRED OBLIGATIONS	\$ 5257, 91					
(Balance at the Close of This Period-3A)	17 2 22 85	l				
LOANS (Balance at the Close of This Period-3B)						
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Candidate or Treasurer  Signature of Candidate or Treasurer  Date: B-5-/2						
Type or Print Name of Candidate or Treasurer  Signature of Candidate or Treasurer  Date: B-3-12  Thomas T. Schollinger Mmun I Mullippe Hone: 4/4-698-548						

(Transfers-In)

Complete Commi	HWGER FOR ASSEMBLY			
	completing schedules are on the back of each schedule			
Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB	Amount of Contribution	Y-T-D
7-26	WI League of Conservation Uniters 133 S Butter St STE 320 Check if: 1 In-Kind 1 Apparlian W, 53703	501217	#250 as	HOSS OF
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if:  In-Kind  Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan		n	
	SUBTOTAL CONTRIBUTIONS (Transference) TOTAL CONTRIBUTIONS (Transference) RECEIVED FR	ors-in) THIS PAGE	: 250 °C	

Complete Complittee Name Instructions for completing schedules are on the back of each schedule.

Date

Full Name, Mailing Address Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Glyer delivery \$600.00 Consulting Fees a \$847. 50 7-5 33618 Consolling Fees, 7-3/ Political Calling The Fifth St Sute E Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset :2953.51 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE **TOTAL ITEMIZED EXPENDITURES** TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS **TOTAL EXPENDITURES**